Agency Review BDDS Approved Provider Part 3 Services

Agency Name_	
0 0	

Documentation of Criminal Histories		
460 IAC 6-10-5 Documentation of criminal histories		
(a) A provider shall obtain a limited criminal history from the Indiana central repository for		
criminal history information from each employee, officer, or agent involved in the		
management, administration, or provision of services.		
(b) The limited criminal history shall verify that the employee, officer, or agent has not been		
convicted of the following:		
(1) A sex crime (IC 35-42-4).		
(2) Exploitation of an endangered adult (IC 35-46-1-12).		
(3) Failure to report:		
☐(A) battery, neglect, or exploitation of an endangered adult (IC		
35-46-1-13); or		
☐ (B) abuse or neglect of a child (IC 31-33-22-1).		
(4) Theft (IC 35-43-4), if the person's conviction for theft occurred less than ten (10)		
years before the person's employment application date, except as provided in		
IC 16-27-2-5(a)(5).		
[(5) Murder (IC 35-42-1-1).		
(6) Voluntary manslaughter (IC 35-42-1-3).		
[7] Involuntary manslaughter (IC 35-42-1-4).		
(8) Felony battery.		
(9) A felony offense relating to a controlled substance.		
(c) A provider shall also obtain a criminal history check from each county in which an employee,		
officer, or agent involved in the management, administration, or provision of services has		
resided during the three (3) years before the criminal history check is requested from the		
county.		
(d) A provider shall have a report from the state nurse aid registry of the Indiana state department		
of health verifying that each direct care staff has not had a finding entered into the state		
nurse aide registry.		

Insurance Coverage	
460 IAC 6-12-2 Property and personal liability insurance; auto	
A provider shall secure insurance to cover:	
(1) personal injury;	
(2) loss of life; or	
☐ (3) property damage; ☐ (4) auto insurance (if applicable)	
(4) auto insurance (ii applicable)	
to an individual caused by	
☐ fire,	
accident, or	
under casualty arising from the provision of services to the individual by the provider	

Financial Documentation	
460 IAC 6-11-2 Disclosure of financial information	
(a) A provider shall maintain and, upon the BDDS's request, shall make available to the BDDS the following information concerning the provider: [] (1) Financial status.	
(1) Thickled states. (2) Current expenses and revenues.	
(3) Projected budgets outlining future operations.	
(4) Credit history and the ability to obtain credit.	
(b) A provider shall maintain financial records in accordance with generally accepted accounting and	
bookkeeping practices. (c) The financial status of a provider shall be audited according to state board of accounts	
requirements and procedures.	
requirements and procedures.	
460 IAC 6-11-3 Financial stability	
A provider shall be financially stable, with the documented ability to deliver services without	
interruption for at least two (2) months without payment for services.	
Note: There should be a statement from the provider agency or an auditor that the agency would be able to continue to function and provide services. If there is no statement, the financial information can be used to determine the ability. The agency should show that they would be stable for 2 months with no payment from the State or Medicaid waiver funding sources for which they are applying. This is meant to imply stability for ANY 2-month period , not simply the first 2-months of existence or certification.	
Proof of Managerial Ability	
All applications must include supplemental proof that the principal parties involved possess the managerial abilities to deliver requested services and to manage the business aspects of being a provider.	
460 IAC 6.6.2 Initial Application	
(1) Supporting documents specified on the application form to demonstrate the applicant's programmatic, financial and managerial ability to provide supported living services or supports as set out in this article	
Organizational Chart	
460 IAC 6-10-6 Provider organizational chart	
(a) A provider shall maintain a current organizational chart, including parent organizations and	
subsidiary organizations. Upon request, a provider shall supply the BDDS with a copy of the chart.	

Qualifications
460 IAC 6-14-3 Documentation of qualifications
A provider shall <u>maintain documentation that</u> :
(1) the provider meets the requirements for providing services under this article; and (2) the provider's employees or agents meet the requirements for providing services under this article .
Note: In addition to 460 IAC 6, refer to the <i>Medicaid Waiver Service Manual, Oasis Service Definitions</i> and (if applicable) the BDDS Service Definitions and Standards for qualifications per service.

Staff Training Curriculum / Manual

Note: As lists of training topics cannot accurately represent the depth and quality of staff training, the Review team expects an actual training manual, the materials used for trainings, or a notice that the training will be provided by a recognized training program, such as the American Red Cross and American Heart Association.

program, such as the American Red Cross and American Heart Association.
460 IAC 6-14-4 Training
(a) A provider shall train the provider's employees or agents in the protection of an individual's rights,
including how to:
(1) respect the dignity of an individual;
(2) protect an individual from abuse, neglect, and exploitation;
(3) implement person centered planning and an individual's ISP; and
(4) communicate successfully with an individual.
(b) A provider that develops training outcomes and objectives for an individual shall train the
provider's employees or agents in:
(1) selecting specific objectives;
(2) completing task analysis;(3) appropriate locations for instruction; and
\Box (3) appropriate locations for instruction, and \Box (4) appropriate documentation of an individual's progress on outcomes and objectives.
(c) A provider shall train direct care staff in providing a healthy and safe environment for an
individual, including how to:
(1) administer medication,
monitor side effects,
recognize and prevent dangerous medication interactions;
\square (2) administer first aid;
(3) administer cardiopulmonary resuscitation;
\square (4) practice infection control;
(5) practice universal precautions;
(6) manage individual-specific treatments and interventions, including management of
an individual's:
(A) soimmes
☐ (A) seizures; ☐ (E) swallowing difficulties; ☐ (B) behavior; ☐ (E) swallowing difficulties;
\square (C) medication side effects: \square (F) emotional and physical crises;
\Box (C) inclication side elects, \Box (G) significant health concerns;
(7) conduct and participate in emergency drills and evacuations.
(1) conduct and participate in emergency drins and evacuations.
(d) Applicable training as required in this section shall be completed prior to any person working with an individual.
460 IAC 6-16-3 Policies and procedures documentation
(-) A
(a) A provider shall:

\square (2) review and update the training procedure as appropriate; and
(3) distribute the training procedure to the provider's employees or agents.
(b) The written training procedure required by subsection (a) shall include at least the following:
\square (1) Mandatory orientation for each new employee or agent to assure the employee's or agent's
understanding of, and compliance with:
(A) the mission, goals, organization, and practices of the provider;
(B) the applicable requirements of this article.
\square (2) A system for documenting the training for each employee or agent, including:
(A) the type of training provided;
\square (B) the name and qualifications of the trainer;
\square (C) the duration of training;
\square (D) the date or dates of training;
\square (E) the signature of the trainer, verifying the satisfactory completion of training by
the employee or agent;
\Box (F) the signature of the employee or agent.
\square (3) A system for ensuring that a trainer has sufficient education, expertise, and knowledge of
the subject to achieve listed outcomes required under the system.
\square (4) A system for providing annual in-service training to improve the competence of employees or
agents in the following areas:
(A) Protection of individual rights, including protection against abuse, neglect, or
exploitation.
(B) Incident reporting.
\square (C) Medication administration if the provider administers medication to an individual.

Policies and Procedures Manual - CODE of ETHICS

460 IAC 6-14-7 Policies and procedures for code of ethics
A provider shall develop and enforce policies and procedures regarding a code of ethics for agents and employees. The policies and procedures shall be consistent with 460 IAC 6-36.
460 IAC 6-36-2 Code of ethics
A provider, in the provision of services under this article, shall abide by the following code of ethics: [] (1) A provider shall provide professional services with objectivity and with respect for the unique needs and values of the individual being provided services.
(2) A provider shall avoid discrimination on the basis of factors that are irrelevant to the provision of
services, including, but not limited to:
(A) race;
\square (B) creed;
\square (B) erect, \square (C) gender;
\square (C) gender, \square (D) age; or
\square (B) age, of \square (E) disability.
(3) A provider shall provide sufficient objective information to enable an individual, or the
individual's guardian, to make informed decisions.
(4) A provider shall accurately present professional qualifications and credentials.
(5) A provider shall accurately present professional qualifications of all employees or agents.
(6) A provider shall require all employees or agents to assume responsibility and accountability for
personal competence in the practice of the person's profession and in the provision of services under
this article.
[7] A provider shall require employees or agents to maintain knowledge and skills required for
continued professional competence including all requirements necessary for a licensed or accredited
professional to maintain the professional's licensure or accreditation.
(8) A provider shall require professional, licensed, or accredited employees or agents to adhere to
acceptable standards for the employee or agent's area of professional practice.

\square (9) A provider shall require employees or agents to comply with all laws and regulations governing a licensed or accredited person's profession.
\square (10) A provider shall require all employees or agents to maintain the confidentiality of individual
information consistent with the standards of this article and all other laws and regulations
governing confidentiality of individual information.
\square (11) A provider shall require all employees or agents to conduct all practice with honesty,
integrity, and fairness.
\square (12) A provider shall require all employees or agents to fulfill professional commitments in good
faith.
(13) A provider shall require all employees or agents to inform the public and colleagues of services
by use of factual information.
(14) A provider shall not advertise or market services in a misleading manner.
\square (15) A provider providing services shall not engage in uninvited solicitation of potential clients, who
are vulnerable to undue influence, manipulation, or coercion.
\square (16) A provider shall make reasonable efforts to avoid bias in any kind of professional evaluation.
$\square(17)$ A provider shall notify the appropriate party, which may include:
\square (A) the division;
\square (B) the Indiana state department of health;
\square (C) a licensing authority;
\square (D) an accrediting agency;
\square (E) an employer;
☐(F) the office of the attorney general, consumer protection division;
of any unprofessional conduct that may jeopardize an individual's safety or influence the
individual or individual's representative in any decision making process.

Policies and Procedures Manual - RIGHTS

460 IAC 6-8-2 Constitutional and statutory rights
(a) A provider shall ensure that an individual's rights as guaranteed by the Constitution of the
United States and the Constitution of Indiana are not infringed upon.
(b) A provider shall ensure that:(1) an individual's rights as set out in IC 12-27 are not infringed upon; and
\square (1) an individual's rights as set out in IC 12-27 are not infinite upon, and \square (2) an individual has the ability to exercise those rights as provided in IC 12-27.
(2) an individual has the ability to exercise those rights as provided in 10 12-21.
460 IAC 6-8-3 Promoting the exercise of rights
(1) Provide an individual with humane care and protection from harm.
(2) Provide services that:
(A) are meaningful and appropriate; and
(B) comply with:
☐(i) standards of professional practice;
\square (ii) guidelines established by accredited professional organizations if applicable;
and
☐(iii) budgetary constraints;
in a safe, secure, and supportive environment.
(3) Obtain written consent from an individual, or the individual's legal representative, if applicable,
before releasing information from the individual's records unless the person requesting release of the records is authorized by law to receive the records without consent.
records is additionized by law to receive the records without consent.
(4) Process and make decisions regarding complaints filed by an individual within two (2) weeks after
the provider receives the complaint.
[5] Inform an individual, in writing and in the individual's usual mode of communication, of:
\square (A) the individual's constitutional and statutory rights using a form approved by the
BDDS; and
\square (B) the complaint procedure established by the provider for processing complaints.

Policies and Procedures Manual - PROTECTION

Note: The agency must submit a policy, policy manual, and/or procedure manual that

includes the following information:		
Rule 9. Protection of an Individual		
460 IAC 6-9-2 Adoption of policies and procedures to protect individuals ☐ (a) A provider shall adopt written policies and procedures regarding the requirements of sections 3 and 4 of this rule. ☐ (b) A provider shall require the provider's employees or agents to be familiar with and comply with the policies and procedures required by subsection (a).		
\square (c) Beginning on the date services for an individual commence and at least one (1) time a year thereafter, a provider shall inform:		
 □(1) the individual, in writing and in the individual's usual mode of communication; □(2) the individual's parent, if the individual is less than eighteen (18) years of age, or if the individual's parent is the individual's legal representative; and □(3) the individual's legal representative if applicable; 		
of the policies and procedures adopted pursuant to this section.		
460 IAC 6-9-3 Prohibiting violations of individual rights (a) A provider shall not: (1) abuse, neglect, exploit, or mistreat an individual; or (2) violate an individual's rights. (b) A provider who delivers services through employees or agents shall adopt policies and procedures that prohibit: (1) abuse, neglect, exploitation, or mistreatment of an individual; or (2) violation of an individual's rights. (c) Practices prohibited under this section include the following: (1) Corporal punishment inflicted by the application of painful stimuli to the body, which includes: (A) forced physical (B) hitting; (C) pinching; (C) pinching; (C) Provider shall not: (D) the application of painful or noxious stimuli; activity; (E) the use of electric shock; or (F) the infliction of physical pain.		
 (2) Seclusion by placing an individual alone in a room or other area from which exit is prevented. (3) Verbal abuse, including screaming, swearing, name-calling, belittling, or other verbal activity that may cause damage to an individual's self-respect or dignity. (4) A practice that denies an individual any of the following without a physician's order: 		
 ☐ (A) Sleep. ☐ (B) Shelter. ☐ (C) Food. ☐ (D) Drink. ☐ (E) Physical movement for prolonged periods of time. ☐ (F) Medical care or treatment. ☐ (G) Use of bathroom facilities. 		

	(5) Work or chores benefiting others without pay unless: (A) the provider has obtained a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates;
	☐(B) the services are being performed by an individual in the individual's own residence as a normal and customary part of housekeeping and maintenance duties; or
	\square (C) an individual desires to perform volunteer work in the community.
	460 IAC 6-9-4 Systems for protecting individuals (a) Except as specified in this section, this section applies to all providers of supported living services
	and supports. (b) A provider shall require that at regular intervals, as specified by the individual's ISP, the individual be informed of the following:
	(1) The individual's medical condition. (2) The individual's developmental and behavioral status.
	(3) The risks of treatment. (4) The individual's right to refuse treatment.
	(c) Except for providers of: (1) occupational therapy services;
	(2) physical therapy services;
	(3) music therapy services; and
	(4) speech-language therapy services;
	a provider shall establish a protocol for ensuring that an individual is free from unnecessary medications and physical restraints.
	(d) Except for providers of:
	(1) occupational therapy services;
	(2) physical therapy services;(3) music therapy services; and
	(4) speech-language therapy services;
	a provider shall establish a system to reduce an individual's dependence on medications and
	physical restraints. [(e) A provider shall establish a system to ensure that an individual has the opportunity for personal
	privacy.
	(f) A provider shall <u>establish a system</u> to:
	\square (1) ensure that an individual is not compelled to perform services for a provider; and
	\square (2) provide that, if an individual works voluntarily for a provider, the individual is compensated:
	\Box (A) at the prevailing wage for the job; and
	\square (B) commensurate with the individual's abilities;
	unless the provisions of section 3(c)(5) of this rule are met.
	☐(g) A provider shall <u>establish a system</u> that ensures that an individual has: ☐(1) the opportunity to communicate, associate, and meet privately with persons of the
	individual's choosing;
	(2) the means to send and receive unopened mail; and
	\square (3) access to a telephone with privacy for incoming and outgoing local and long distance calls at the individual's expense.
	(h) A provider shall establish a system for providing an individual with the opportunity to participate
	in social, religious, and community activities.
	(i) A provider shall establish a system that ensures that an individual has the right to retain and use
	appropriate personal possessions and clothing. [j] A provider shall establish a system for protecting an individual's funds and property from misuse
	or misappropriation.
	☐(k) A provider shall establish a protocol specifying the responsibilities of the provider for:
	(1) conducting an investigation; or
	\Box (2) participating in an investigation; of an alleged violation of an individual's rights or a reportable incident. The system shall include
	taking all immediate necessary steps to protect an individual who has been the victim of abuse,
	neglect, exploitation, or mistreatment from further abuse, neglect, exploitation, or mistreatment.
1	(1) A provider shall establish a system providing for:

460 IAC 6-9-5 Incide	
	bed as follows shall be reported to the BDDS on the incident report form
prescribed by the	BDDS:
[]	
	5) Elopement of an individual.
	5) Suspected or actual criminal activity by:
	\square (A) a staff member, employee, or agent of a provider; or
	(B) an individual receiving services.
	7) An event with the potential for causing significant harm or injury and
	quiring medical or psychiatric treatments or services to or for an individual services.
	Returng Services. 3) Admission of an individual to a nursing facility, including respite stays.
	a) Injury to an individual when the origin or cause of the injury is unknown.
	(9) A significant injury to an individual, including:
	\square (A) a fracture;
	\square (1) a fractice; \square (B) a burn greater than first degree;
	\square (C) choking that requires intervention; or
	\square
\Box \Box \Box \Box \Box	1) An injury that occurs while an individual is restrained.
	(2) A medication error, except for refusal to take medications, that jeopardizes an
The state of the s	lividual's health and safety, as determined by the individual's personal physician,
	cluding the following:
	\square (A) Medication given that was not prescribed or ordered for the individual.
	[[] (B) Failure to administer medication as prescribed, including:
	🔲 🔲 (i) incorrect dosage;
	🔲 🔲 (ii) missed medication; and
	☐ ☐ (iii) failure to give medication at the appropriate time.
	3) Inadequate staff support for an individual, including inadequate supervision,
u	with the potential for:
	\square (A) significant harm or injury to an individual; or
	\square (B) death of an individual.
	4) Inadequate medical support for an individual, including failure to obtain: $\Box \Box \Box (A) \text{ processes modified a convince}.$
	☐ (A) necessary medical services;☐ (B) routine dental or physician services; or
	C) medication timely resulting in missed medications.
	of medication timety resulting in missed medications.
460 IAC 6-9-5 Incide	ent renorting
	bed as follows shall be reported to the BDDS on the incident report form
prescribed by the	
<i>[]</i> □ □ <i>(1</i>	5) Use of any PRN medication related to an individual's behavior. An incident report
	ated to the use of PRN medication related to an individual's behavior must include
the	e following information:
	(A) The length of time of the individual's behavior that resulted in
	the use of the PRN medication related to the individual's
	behavior.
	☐ ☐ (B) A description of what precipitated the behavior resulting in the
	use of PRN medication related to the individual's behavior.
	\square (C) A description of the steps that were taken prior to the use of
	the PRN medication to avoid the use of a PRN medication
	related to the individual's behavior.
	(D) If a PRN medication was used before a medical or dental
	appointment, a description of the desensitization plan in place
	to lessen the need for a PRN medication for a medical or dental
	appointment. [] [B] (E) The criteria the provider has in place for use of a PRN
	medication related to an individual's behavior.
	(F) A description of the provider's PRN medication protocol related
	to an individual's behavior, including the provider's:
	☐ (i) notification process regarding the use of a PRN

medication related to an individual's behavior; and [] (ii) approval process for the use of a PRN medication	
related to an individual's behavior.	
\square (G) The name and title of the staff approving the use of the PRN	
medication related to the individual's behavior.	
☐ (H) The medication and dosage that was approved for the PRN medication related to the individual's behavior.	
460 IAC 6-9-5 Incident reporting	
(a) An incident described as follows shall be reported to the BDDS on the incident report form	
prescribed by the BDDS:	
[] (15) Use of any PRN medication related to an individual's behavior. An incident report related to the use of PRN medication related to an individual's behavior must include	
the following information:	
[]	
[] [I] The date and time of any previous PRN medication given to the	
individual related to the individual's behavior based on current	
records. [] (b) An incident described in subsection (a) shall be reported by a provider or an employee	
or agent of a provider who:	
(1) is providing services to the individual at the time of the incident; or	
[2] becomes aware of or receives information about an alleged incident.	
(c) An initial report regarding an incident shall be submitted within twenty-four (24) hours	
of: [] [1] the occurrence of the incident; or	
(1) the occurrence of the incident, or (2) the reporter becoming aware of or receiving information about an incident.	
(d) The provider providing case management services to an individual shall submit a	
follow-up report concerning the incident on the BDDS's follow-up incident report form at	
the following times:	
(1) Within seven (7) days of the date of the initial report.	
 (2) Every seven (7) days thereafter until the incident is resolved. (e) All information required to be submitted to the BDDS shall also be submitted to 	
the provider of case management services to the individual.	
The state of the s	
Policies and Procedures Manual - TRANSFERS	
Note: The agency must submit a policy, policy manual, and/or procedure manual that	
includes the following information:	
460 IAC 6-9-6 Transfer of individual's records upon change of provider	
(a) If an individual changes providers for any supported living service or support, the new provider shall:	
Silan.	

 \Box (1) discuss with the individual the new provider's need to obtain a copy of the

provider's release of a copy of the records and files concerning the individual to

previous provider's records and files concerning the individual; \square (2) provide the individual with a written form used to authorize the previous

□(b) Upon receipt of a written release signed by the individual, a provider shall forward a copy of all of the individual's records and files to the new provider no later than seven (7)

the new provider; and

 \square (3) request the individual to sign the release form.

days after receipt of the written release signed by the individual.

Policies and Procedures Manual - TERMINATION

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460	IAC 6-9-7 Notice of termination of services
	(a) A provider shall give an individual and an individual's representative at least sixty (60)
	days' written notice before terminating the individual's services if the services being
	provided to the individual are of an ongoing nature.
	(b) If the provider is providing any services to the individual, besides case management
	services, before terminating services the provider shall:
	\square (1) participate in the development of a new or updated ISP prior to terminating
	services; and
	\square (2) continue providing services to the individual until a new provider providing
	similar services is in place.
	(c) If the provider is providing case management services to the individual, before
	terminating services the provider shall:
	\square (1) participate in a team meeting in which the individual's new provider
	providing case management provider is present; and
	\square (2) coordinate the transfer of case management services to the new provider
	providing case management services.

Policies and Procedures Manual - GENERAL

Rule 10. General Administrative Requirements for Providers	
460 IAC 6-10-1 Applicability ☐ This rule applies to all supported living services and supports.	
 460 IAC 6-10-2 Documentation of approvals ☐ A provider shall maintain documentation that the BDDS has approved the provider for each service provided. 	
460 IAC 6-10-3 Compliance with laws ☐ A provider shall comply with all applicable state and federal statutes, rules, regulations, and requirements, including all applicable provisions of the federal Americans with Disabilities Act (ADA),	
460 IAC 6-10-4 Compliance with state Medicaid plan; Medicaid waivers ☐ A provider shall comply with the provisions of: ☐ ☐ ☐ (1) the state Medicaid plan; and ☐ ☐ (2) any Medicaid waiver applicable to the provider's services.	

Policies and Procedures Manual - Criminal Histories

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-10-5 Documentation of criminal histories	
(a) A provider shall obtain a limited criminal history from the Indiana central repository for	
criminal history information from each employee, officer, or agent involved in the management,	
administration, or provision of services.	
(b) The limited criminal history shall verify that the employee, officer, or agent has not been	
convicted of the following:	
(2) Exploitation of an endangered adult (IC 35-46-1-12).	
(3) Failure to report:	
(A) battery, neglect, or exploitation of an endangered adult	
(IC 35-46-1-13); or	
(B) abuse or neglect of a child (IC 31-33-22-1).	
(4) Theft (IC 35-43-4), if the person's conviction for theft occurred less than ten	
(10) years before the person's employment application date, except as	
provided in IC 16-27-2-5(a)(5).	
(5) Murder (IC 35-42-1-1).	
(6) Voluntary manslaughter (IC 35-42-1-3).	
(7) Involuntary manslaughter (IC 35-42-1-4).	
(8) Felony battery.	
(9) A felony offense relating to a controlled substance.	
(c) A provider shall also obtain a criminal history check from each county in which an employee,	
officer, or agent involved in the management, administration, or provision of services has resided	
during the three (3) years before the criminal history check is requested from the county.	
\Box (d) A provider shall have a report from the state nurse aid registry of the Indiana state department	
of health verifying that each direct care staff has not had a finding entered into the state nurse aide	
registry.	
Policies and Procedures Manual - ORG CHART	
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Note: The agency must submit a policy, policy manual, and/or procedure manual that	

460 IAC 6-10-6 Provider organizational chart		
	(a) A provider shall maintain a current organizational chart, including parent organizations and	
	subsidiary organizations.	
	(b) Upon request, a provider shall supply the BDDS with a copy of the chart described in	
	subsection (a).	

Policies and Procedures Manual - COLLABORATION

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460	IAC 6-10-7 Collaboration and quality control
	(a) A provider for an individual shall collaborate with the individual's other service providers to
	provide services to the individual consistent with the individual's ISP.
	(b) A provider for an individual shall give the individual's provider of case management services
	access to the provider's quality assurance and quality improvement procedures.
	(c) If a provider administers medication to an individual, the provider for the individual shall
	implement the medication administration system designed by the individual's provider
	responsible for medication administration.
П	(d) If applicable, a provider for an individual shall implement the seizure management system
	designed by the individual's provider responsible for seizure management.
П	(e) If applicable, a provider for an individual shall implement the health-related incident
	management system designed by the individual's provider responsible for health-related
	incident management.
П	(f) If applicable, a provider for an individual shall implement the behavioral support plan
	designed by the individual's provider of behavioral support services.
П	(g) If an individual dies, a provider shall cooperate with the provider responsible for conducting
	an investigation into the individual's death pursuant to 460 IAC 6-25-9.
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Policies and Procedures Manual - DISPUTES

460	460 IAC 6-10-8 Resolution of disputes	
	\square (a) If a dispute arises between or among providers, the dispute resolution process set out in this	
	section shall be implemented.	
	(b) The resolution of a dispute shall be designed to address an individual's needs.	
	(c) The parties to the dispute shall attempt to resolve the dispute informally through an	
	exchange of information and possible resolution.	
	(d) If the parties are not able to resolve the dispute within fifteen (15) days:	
	\square (1) each party shall document:	
	\square (A) the issues in the dispute;	
	☐ ☐ (B) their positions; and	
	\square (C) their efforts to resolve the dispute; and	
	\square (2) the parties shall refer the dispute to the individual's support team for resolution.	
	\square (e) The parties shall abide by the decision of the individual's support team.	
	(f) If an individual's support team cannot resolve the matter within fifteen (15) days after the	
	dispute is referred to the individual's support team, then the parties shall refer the matter to	
	the individual's service coordinator for resolution of the dispute.	
	(g) The service coordinator shall make a decision within fifteen (15) days after the dispute is	
	referred to the service coordinator and give the parties notice of the service coordinator's	
	decision pursuant to IC 4-21.5.	
	(h) Any party adversely affected or aggrieved by the service coordinator's decision may request	
	administrative review of the service coordinator's decision within fifteen (15) days after the	
	party receives written notice of the service coordinator's decision.	
	(i) Administrative review shall be conducted pursuant to IC 4-21.5.	

Policies and Procedures Manual – GEN ADMIN

Rule 10. General Administrative Requirements for Providers	
460 IAC 6-10-9 Automation standards ☐ A provider shall comply with all automation standards and requirements prescribed by the applicable funding agency concerning documentation and processing of services provided under this article.	
 460 IAC 6-10-10 Quality assurance and quality improvement system □ (a) A provider shall have an internal quality assurance and quality improvement system that is: □ □ (1) focused on the individual; and 	
\Box (2) appropriate for the services being provided.	
460 IAC 6-10-10 Quality assurance and quality improvement system ☐ (b) The system described in subsection (a) shall include at least the following elements: ☐ (1) An annual survey of individual satisfaction. ☐ (2) Records of the findings of annual individual satisfaction surveys. ☐ (3) Documentation of efforts to improve service delivery in response to the survey of individual satisfaction. ☐ (4) An assessment of the appropriateness and effectiveness of each service provided to an individual. (5) A process for: ☐ (A) analyzing data concerning reportable incidents; ☐ (B) developing recommendations to reduce the risk of future incidents; and ☐ (C) reviewing recommendations to assess their effectiveness.	
460 IAC 6-10-10 Quality assurance and quality improvement system ☐ (b) The system described in subsection (a) shall include at least the following elements: [] (6) If medication is administered to an individual by a provider, a process for: ☐ (A) analyzing medication errors; ☐ (B) developing recommendations to reduce the risk of future medication errors;	
and (C) reviewing the recommendations to assess their effectiveness. (7) If behavioral support services are provided by a provider, a process for:	
 ☐ (A) analyzing the appropriateness and effectiveness of behavioral support techniques used for an individual; ☐ (B) developing recommendations concerning the behavioral support techniques used with an individual; and 	
 (C) reviewing the recommendations to assess their effectiveness. (B) If community habilitation and participation services or residential habilitation and 	
support services are provided by the provider, a process for:	
(A) analyzing the appropriateness and effectiveness of the instructionaltechniques used with an individual;	
 (B) developing recommendations concerning the instructional techniques used for an individual; and (C) reviewing the recommendations to assess their effectiveness. 	

460 IAC 6-10-13 Emergency behavioral support	
\square (a) In an emergency, chemical restraint, physical restraint, or removal of an individual from the	
individual's environment may be used:	
\square (1) without the necessity of a behavioral support plan; and	
\square (2) only to prevent significant harm to the individual or others.	
(b) The individual's support team shall meet not later than five (5) working days after an	
emergency chemical restraint, physical restraint, or removal of an individual from the	
environ <u>m</u> ent in order to:	
\square (1) review the circumstances of the emergency chemical restraint, physical	
restraint, or removal of an individual;	
(a) determine the need for a:(A) functional analysis;(B) behavioral support plan;	
or(C) both; and	
\square (3) document recommendations. \square (c) If a provider of behavioral support services is not a member an individual's support team, a	
provider of behavioral support services must be added to the individual's support team,	
(d) Based on the recommendation of the support team, a provider of behavioral support services	
shall:	
☐ ☐(1) complete a functional analysis within thirty (30) days; and	
\square (2) make appropriate recommendations to the support team.	
(e) The individual's support team shall:	
\square (1) document the recommendations of the behavioral support services provider; and	
\square (2) design an accountability system to ensure implementation of the	
recommendations.	
460 IAC 6-10-11 Prohibition against office in residence of individual	
A provider shall not:	
(1) maintain an office in an individual's residence from which the individual is excluded from entering or from using any or all equipment contained in the office; or	
\Box (2) conduct the provider's business operations not related to services to the individual in	
the individual's residence.	
460 IAC 6-10-12 Human rights committee	
Beginning July 1, 2004, a provider shall cooperate with the division's or the BDDS's	
regional human rights committee for the geographic area or areas in which the provider is	
providing services under this article.	
Policies and Procedures Manual -TRANSPORTATION	
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TT / PTS	
Note: The agency must submit a policy, policy manual, and/or procedure manual	
that includes the following information:	
460 740 6 10 0 75 11 11 1	
460 IAC 6-13-2 Transportation of an individual	
(a) A provider that transports an individual receiving services in a motor vehicle shall:	
\square (1) maintain the vehicle in good repair;	
\square (2) properly register with the Indiana bureau of motor vehicles or in the state in which the	
the owner of vehicle resides; and	
\square (3) insure the vehicle as required under Indiana law	

Policies and Procedures Manual

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information: $\frac{1}{2} \int_{\mathbb{R}^{n}} \frac{1}{2} \int_{\mathbb{$

460 IAC 6-14-2 Requirement for qualified personnel
A provider shall ensure that services provided to an individual:
\square (1) meet the needs of the individual;
(1) meet the needs of the individual, (2) conform to the individual's ISP; and
\square (3) are provided by qualified personnel as required under this article.
460 IAC 6-14-3 Documentation of qualifications
A provider shall maintain documentation that:
\square (1) the provider meets the requirements for providing services under this article; and
(1) the provider injects the requirements for providing services under this article, and (2) the provider's employees or agents meet the requirements for providing services
under this article.
under this article.
460 IAC 6-14-4 Training
(a) A provider shall train the provider's employees or agents in the protection of an individual's
rights, including how to:
\square (1) respect the dignity of an individual;
(2) protect an individual from abuse, neglect, and exploitation;
(3) implement person centered planning and an individual's ISP; and
(4) communicate successfully with an individual.
(b) A provider that develops training outcomes and objectives for an individual shall train the
provider's employees or agents in:
\square \square (1) selecting specific objectives;
\Box (2) completing task analysis;
\Box (3) appropriate locations for instruction; and
\Box (4) appropriate documentation of an individual's progress on outcomes and objectives.
(c) A provider shall train direct care staff in providing a healthy and safe environment for an
individual, including how to:
(1) administer medication, monitor side effects, and recognize and prevent dangerous
medication interactions;
(2) administer first aid;
(3) administer cardiopulmonary resuscitation;
\square (4) practice infection control;
\square (5) practice universal precautions;
(6) manage individual-specific treatments and interventions, including management of
an individual's:
\sqsubseteq (A) seizures;
\square (B) behavior;
\square (C) medication side effects;
\square \square (D) diet and nutrition;
\square (E) swallowing difficulties;
\square (F) emotional and physical crises; and
\square \square (G) significant health concerns; and
\square (7) conduct and participate in emergency drills and evacuations.
\square (d) Applicable training as required in this section shall be completed prior to any
person working with an individual.
Potodi worming with an individual.
460 IAC 6-14-5 Requirements for direct care staff
All direct care staff working with individuals shall meet the following requirements:
(1) Be at least eighteen (18) years of age.
(1) Demonstrate the ability to communicate adequately in order to:
(A) complete required forms and reports of visits; and
(B) follow oral or written instructions.

 (3) Demonstrate the ability to provide services according to the individual's ISP. (4) Demonstrate willingness to accept supervision. (5) Demonstrate an interest in and empathy for individuals.
460 IAC 6-14-6 Policies and procedures for conflicts of interest
☐ A provider shall develop and enforce policies and procedures regarding conflicts of interest and
the disclosure of possible conflicts of interest for all of the provider's employees or agents.
the disclosure of possible confined of interest for all of the provider s'employees of agents.
460 IAC 6-14-7 Policies and procedures for code of ethics
☐ A provider shall develop and enforce policies and procedures regarding a code of ethics
for agents and employees. The policies and procedures shall be consistent with 460 IAC 6-
36.

Personnel Policies and Manuals

460 IAC 6-16-2 Adoption of personnel policies					
(a) A provider shall:					
[(1) adopt and maintain a written personnel policy;					
(2) review and update the personnel policy as appropriate; and					
\square (3) distribute the personnel policy to each employee or agent.					
(h) The written personnal policy required by explanation (a) shall include at least the following:					
(b) The written personnel policy required by subsection (a) shall include at least the following:					
 (1) A job description for each position, including the following: (A) Minimum qualifications for the position. 					
(A) Minimum qualifications for the position.					
(b) Major duties required of the position.					
(c) Responsibilities of the employee in the position. (D) The name and title of the supervisor to whom the employee in the position					
must report.					
(2) A procedure for conducting reference, employment, and criminal background					
checks on each prospective employee or agent.					
(3) A prohibition against employing or contracting with a person convicted of the					
offenses listed in 460 IAC 6-10-5.					
(4) A process for evaluating the job performance of each employee or agent at the end of					
the training period and annually thereafter, including a process for feedback from					
individuals receiving services from the employee or agent.					
[[(5) Disciplinary procedures.					
(6) A description of grounds for disciplinary action against or dismissal of an employee					
or agent.					
\square (7) A description of the rights and responsibilities of employees or agents, including the					
responsibilities of administrators and supervisors.					
460 IAC 6-16-3 Policies and procedures documentation					
(a) A provider shall:					
(1) adopt and maintain a written training procedure;					
 (2) review and update the training procedure as appropriate; and (3) distribute the training procedure to the provider's employees or agents. 					
(5) distribute the training procedure to the provider's employees of agents.					
(b) The written training procedure required by subsection (a) shall include at least the following:					
\Box (1) Mandatory orientation for each new employee or agent to assure the					
employee's or agent's understanding of, and compliance with:					
\square (A) the mission, goals, organization, and practices of the provider; and					
(a) the applicable requirements of this article.					

 ☐ (2) A system for documenting the training for each employee or agent, including: ☐ (A) the type of training provided; ☐ (B) the name and qualifications of the trainer; ☐ (C) the duration of training; ☐ (D) the date or dates of training; ☐ (E) the signature of the trainer, verifying the satisfactory completion of training by the employee or agent; and ☐ (F) the signature of the employee or agent. ☐ (3) A system for ensuring that a trainer has sufficient education, expertise, and knowledge of the subject to achieve listed outcomes required under the system. ☐ (4) A system for providing annual in-service training to improve the competence of employees or agents in the following areas: ☐ (A) Protection of individual rights, including protection against abuse, neglect, or exploitation. ☐ (B) Incident reporting. ☐ (C) Medication administration if the provider administers medication to an individual. 	
 460 IAC 6-16-4 Operations manual (a) A provider shall compile the written policies and procedures required by sections 1 and 2 of this rule into a written operations manual. (b) The operations manual shall be regularly updated and revised. (c) Upon the request of the BDDS, the provider shall: (1) supply a copy of the operations manual to the BDDS or other state agency, at no cost; and (2) make the operations manual available to the BDDS or other state agency for inspection at the offices of the provider. 	
Maintenance of Records and Services Provided	

460	460 IAC 6-17-2 Maintenance of records of services provided			
	☐(a) This section applies to all providers.			
	(b) A provider shall maintain in the provider's office documentation of all services			
	provided to an individual.			
	(c) Documentation related to an individual required by this article shall be maintained by			
	the provider for at least seven (7) consecutive years.			
	☐(d) A provider shall analyze and update the documentation required by:			
	\square (1) the standards under this article applicable to the services the provider is			
	providing to an individual;			
	\square (2) the professional standards applicable to the provider's profession; and			
	\square (3) the individual's ISP.			
	(e) A provider shall analyze and update the documentation at least every ninety (90) days			
	if:			
	\square (1) the standards under this article do not provide a standard for analyzing			
	and updating documentation;			
	\square (2) the professional standards applicable to the provider's profession do not			
	provide a standard; or			
	\square (3) a standard is not set out in the individual's ISP.			
460	460 IAC 6-17-3 Individual's personal file; site of service delivery			
(a) A	provider specified in the individual's ISP as being responsible for maintaining the individual's			
	personal file shall maintain a personal file for the individual at:			
	(1) the individual's residence; or			
	(2) the primary location where the individual receives services.			

(b) The indiv	vidual's personal file shall contain at least the following information:
님	(1) The individual's full name.
	(2) Telephone numbers for emergency services that may be required by the individual.
	(3) A current sheet with a brief summary regarding:
	(a) the individual's diagnosis or diagnoses;
	\Box
	medications, and other health information specified by the
	individual's ISP;
	(C) behavioral information about the individual;
	☐ (D) likes and dislikes of the individual that have been identified in the individual's ISP; and
	(E) other information relevant to working with the
	individual.
	(4) The individual's history of allergies, if applicable.
	\square (5) Consent by the individual or the individual's legal representative for emergency
	treatment for the individual.
	(6) A photograph of the individual, if:
	☐ (A) a photograph is available; and☐ (B) inclusion of a photograph in the individual's file is
	specified by the individual's ISP.
	(7) A copy of the individual's current ISP.
	(8) A copy of the individual's behavioral support plan, if applicable.
	17-3 Individual's personal file; site of service delivery
` '	ridual's personal file shall contain at least the following information:
[]	(9) Documentation of:
	(a) changes in the individual's physical condition or mental status
	during the last sixty (60) days;
	(B) an unusual event such as vomiting, choking, falling, disorientation or confusion, behavioral problems, or seizures occurring during the last
	sixty (60) days; and
	\square (C) the response of each provider to the observed change or unusual
	event.
	\square (10) If an individual's outcomes include bill paying and other financial matters,
	the individual's file shall contain:
	(A) the individual's checkbook with clear documentation that the checkbook has been balanced; and
	(B) bank statements with clear documentation that the bank
	statements and the individual's checkbook have been reconciled.
	(11) All environmental assessments conducted during the last sixty (60) days,
	with the signature of the person or persons conducting the assessment on the
	assessment.
닏	(12) All medication administration documentation for the last sixty (60) days.
님	 ☐ (13) All seizure management documentation for the last sixty (60) days. ☐ (14) Health-related incident management documentation for the last sixty (60) days
H	(15) All nutritional counseling services documentation for the last sixty (60) days.
Ħ	(16) All behavioral support services documentation for the last sixty (60) days.
	[(17) All outcome directed documentation for the last sixty (60) days.
	17-4 Individual's personal file; provider's office
	A provider specified in the individual's ISP as being responsible for maintaining the
	dual's personal file shall maintain a personal file for an individual at the provider's
office.	The individual's personal file shall contain documentation of the following:
	\Box (1) A change in an individual's physical condition or mental status.

(2) An unusual event for the individual.
[(3) All health and medical services provided to an individual.
☐ ☐ ☐ ☐ (4) An individual's training outcomes.
☐ ☐(c) A change or unusual event referred to in subsection (b) shall include the following:
(1) Vomiting.
(2) Choking.
(3) Falling.
(4) Disorientation or confusion.
☐ ☐ (5) Patterns of behavior. ☐ ☐ (6) A seizure.
(b) A seizure. (c) A seizure. (d) The documentation of a change or an event referred to in subsections (b) and (c) shall
include the following:
\square (1) The date, time, and duration of the change or event.
(2) A description of the response of the provider, or the provider's employees or
agents to the change or event.
(3) The signature of the provider or the provider's employees or agents
observing the change or event.
\Box (e) The documentation of all health and medical services provided to the individual shall:
\square (1) be kept chronologically; and
(2) include the following:
(A) Date of services provided to the individual.
(B) A description of services provided.
(C) The signature of the health care professional providing the services.
(f) The individual's training file shall include documentation regarding the individual's training goals required by 460 IAC
individual's training goals required by 400 me
Behavioral Support Plan Standards and Policies
Note: The agency must submit a policy, policy manual, and/or procedure manual that
includes the following information:
460 IAC 6-18-1 Preparation of behavioral support plan
☐ A behavioral support services provider shall prepare a behavioral support plan for an
individual only after the provider has:
(1) directly observed the individual and
(1) directly observed the individual, and
 (1) directly observed the individual; and (2) reviewed reports regarding the individual.
460 IAC 6-18-2 Behavioral support plan standards
 460 IAC 6-18-2 Behavioral support plan standards ☐ (a) A behavioral support plan shall meet the standards set out in this section.
 460 IAC 6-18-2 Behavioral support plan standards ☐ (a) A behavioral support plan shall meet the standards set out in this section. ☐ (b) A behavioral support plan shall operationally define the targeted behavior or
 460 IAC 6-18-2 Behavioral support plan standards (a) A behavioral support plan shall meet the standards set out in this section. (b) A behavioral support plan shall operationally define the targeted behavior or behaviors.
 460 IAC 6-18-2 Behavioral support plan standards ☐ (a) A behavioral support plan shall meet the standards set out in this section. ☐ (b) A behavioral support plan shall operationally define the targeted behavior or
 460 IAC 6-18-2 Behavioral support plan standards ☐ (a) A behavioral support plan shall meet the standards set out in this section. ☐ (b) A behavioral support plan shall operationally define the targeted behavior or behaviors. ☐ (c) A behavioral support plan shall be based upon a functional analysis of the targeted

(e) A behavioral support plan shall use non-aversive methods for teaching functional and

(1) has received specific training as provided in the plan in the techniques and procedures required for implementing the behavioral support plan; and

(2) understands how to use the techniques and procedures required to

(f) A behavioral support plan shall conform to the individual's ISP, including the needs and outcomes identified in the ISP and the ISP's specifications for behavioral support

 \square (g) A behavioral support plan shall contain documentation that each person

useful replacement behaviors.

services provider.

implementing the plan:

services.

3B-9 Behavioral Support Plan Standards and Policies

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information:

460 IAC 6-18-2 Behavioral support plan standards				
[]				
(h) A behavioral support plan shall contain a documentation system for direct care staff working				
with the individual to record episodes of the targeted behavior or behaviors. The				
documentation system shall include a method to record the following information:				
(1) Dates and times of occurrence of the targeted behavior.				
(2) Length of time the targeted behavior lasted.				
(3) Description of what precipitated the targeted behavior.				
(4) Description of what activities helped alleviate the targeted behavior.				
(5) Signature of staff observing and recording the targeted behavior.				
(i) If the use of medication is included in a behavioral support plan, a behavioral support plan				
shall contain:				
\Box (1) a plan for assessing the use of the medication and the appropriateness				
of a medication reduction plan; or				
\square (2) documentation that a medication use reduction plan for the individual				
Was:				
(A) implemented within the past five (5) years; and				
(B) proved to be not effective.				
(j) If a highly restrictive procedure is included in a behavioral support plan, a behavioral support				
plan shall contain the following:				
\square (1) A functional analysis of the targeted behavior for which a highly				
restrictive procedure is designed.				
(2) Documentation that the risks of the targeted behavior have been weighed				
against the risk of the highly restrictive procedure.				
(3) Documentation that systematic efforts to replace the targeted behavior				
with an adaptive skill were used and found to be not effective.				
\square (4) Documentation that the individual, the individual's support team and				
the applicable human rights committee agree that the use of the highly				
restrictive method is required to prevent significant harm to the individual				
or others.				
(5) Informed consent from the individual or the individual's legal				
representative.				
(6) Documentation that the behavioral support plan is reviewed regularly by				
the individual's support team.				

Behavioral Support Plan Standards and Policies

460 IAC 6-18-3 Written policy and procedure standards			
A <u>provider of behavioral support services</u> shall have written policies and procedures that:			
(1) limit the use of highly restrictive procedures, including physical restraint or			
medications to assist in the managing of behavior; and			
(2) focus on behavioral supports that begin with less intrusive or restrictive			
methods before more intrusive or restrictive methods are used.			

460	IAC 6-18-4 Documentation standards
100	Mic o 10 1 Dodamontation standards
	 (a) A provider of behavioral support services shall maintain documentation regarding the development of a behavioral support plan that: (1) the least intrusive method was attempted and exhausted first; and (2) if a highly restrictive procedure is deemed to be necessary and included in a behavioral support plan, the actions required by section 2(j) of this rule have been taken.
	 □ (b) A provider of behavioral support services shall maintain the following documentation for each individual served: □ (1) A copy of the individual's behavioral support assessment. □ (2) If applicable, the individual's behavioral support plan. □ (3) Dates, times, and duration of each visit with the individual. □ (4) A description of the behavioral support activities conducted. □ (5) A description of behavioral support progress made. □ (6) The signature of the person providing the behavioral support services on each date the behavioral support service is provided.
460 □	IAC 6-18-5 Level 2 clinician standards ☐ (a) If a behavioral support plan is developed by a Level 2 clinician, the Level 2 clinician shall
	be supervised by a Level 1 clinician. [(b) A Level 1 clinician shall give written approval of all behavioral support plans developed by a Level 2 clinician.
460	IAC 6-18-6 Implementation of behavioral support plan ☐ All providers working with an individual shall implement the behavioral support plan designed by the individual's behavioral support services provider.
	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information: 0 IAC 6-24-1 Coordination of training services and training plan
	 (a) A provider designated in an individual's ISP as responsible for providing training to an individual shall create a training plan for the individual. (b) A training plan shall: (1) consist of a formal description of outcomes, objectives, and strategies, including
	persons responsible for implementation; and (2) be designed to enhance skill acquisition and increase independence. (b) The provider shall assess the appropriateness of an individual's outcomes at least once every ninety (90) days.
	 □ (d) All providers responsible for providing training to an individual shall: □ (1) coordinate the training services provided to an individual; and □ (2) share documentation regarding the individual's training; as required by the individual's ISP
46 	60 IAC 6-24-2 Required documentation ☐ (a) The provider identified in section 1 of this rule shall maintain a personal file for each
	individual served. (b) The individual's file shall: (1) be kept chronologically; and
	(2) include the following information:
	(A) Measurement of the individual's progress toward each training

Tra	aining Services		
No	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information:		
460	IAC 6-24-3 Management of individual's financial resources		
_			
	 (a) This section applies to: (1) an individual's residential living allowance management services provider; or (2) the provider identified in an individual's individualized support plan as being responsible for an individual's property or financial resources. (b) The provider shall assist an individual to: 		
Ш	(b) The provider shall assist an individual to: (c) The provider shall assist an individual to: (d) The provider shall assist an individual to: (e) The provider shall assist an individual to: (e) The provider shall assist an individual to: (e) The provider shall assist an individual to: (f) The provider shall assist an indi		
	(2) obtain insurance at the individual's expense to protect the individual's assets and property.		
	 □ (c) If the provider is responsible for management of an individual's funds, the provider shall do the following: □ □ (1) Maintain separate accounts for each individual. 		
	(2) Provide monthly account balances and records of transactions to the individual and, if applicable, the individual's legal representative.		
	(3) Inform the individual or the individual's legal representative, if applicable, that the payee is required by law to spend the individual's funds only for the needs of the individual		
C_{α}	Coordination of Health Care		
	ordination of Health Care		
	ordination of Health Care te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information:		
No	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information: IAC 6-25-1 Provider of health care coordination services		
No	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information: IAC 6-25-1 Provider of health care coordination services Coordination of the health care for an individual shall be the responsibility of either of the		
No	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information: IAC 6-25-1 Provider of health care coordination services Coordination of the health care for an individual shall be the responsibility of either of the following: [] [] (1) A provider of health care coordination services.		
No	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information: IAC 6-25-1 Provider of health care coordination services Coordination of the health care for an individual shall be the responsibility of either of the following:		
No 460 □	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information: IAC 6-25-1 Provider of health care coordination services Coordination of the health care for an individual shall be the responsibility of either of the following: (1) A provider of health care coordination services. (2) The provider identified in an individual's ISP as responsible for the health care of		
No 460 □	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information: IAC 6-25-1 Provider of health care coordination services Coordination of the health care for an individual shall be the responsibility of either of the following: (1) A provider of health care coordination services. (2) The provider identified in an individual's ISP as responsible for the health care of the individual. IAC 6-25-2 Coordination of health care The provider identified in section 1 of this rule shall coordinate the health care received by		
No 460 □	that includes the below information: IAC 6-25-1 Provider of health care coordination services Coordination of the health care for an individual shall be the responsibility of either of the following: (1) A provider of health care coordination services. (2) The provider identified in an individual's ISP as responsible for the health care of the individual. IAC 6-25-2 Coordination of health care The provider identified in section 1 of this rule shall coordinate the health care received by the individual, including: (1) annual physical, dental, and vision examinations as ordered by the individual's		
No 460 □	te: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information: IAC 6-25-1 Provider of health care coordination services Coordination of the health care for an individual shall be the responsibility of either of the following: (1) A provider of health care coordination services. (2) The provider identified in an individual's ISP as responsible for the health care of the individual. IAC 6-25-2 Coordination of health care The provider identified in section 1 of this rule shall coordinate the health care received by the individual, including: (1) annual physical, dental, and vision examinations as ordered by the individual's physician; (2) routine examinations as ordered by the individual's physician;		
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(4) Additional information	tion and documentation required in this rule, including				
documentation of the following:					
(A) An organized system for medication administration.					
(B) An individual's refusal to take medication.					
(C) Monitoring of medication side effects.					
☐ ☐ (D) Seizure tracking.					
(E) Changes in an individual's status.					
(E) Changes in an individual's status. (F) An organized system of health-related incident management					
\square \square (G) If appl	licable to this provider, an investigation of the death of an				
individu	ial.				
0 11 1	O 111 T				
Quality Assurance and	Quality Improvement				
Per the Application, the agency	must submit documentation of an internal				
	lity improvement system, including:				
	mechanism to measure consumer satisfaction;				
	of how frequently it will be distributed to <u>consumers</u> ;				
	ation will be utilized to enhance service.				
	nentation of a process for analyzing data concerning				
	g recommendations to reduce the risk of future				
	commendations to assess their effectiveness (460 IAC				
_	commendations to assess their enceaveness (100 mis				
6-10-10).					
0 10 10).					
0 10 10).					
·	ditation				
Proof of National Accre					
Proof of National Accre	editation provide any of the following services:				
Proof of National Accre	rovide any of the following services:				
Proof of National Accre	crovide any of the following services: Community-Based Sheltered Employment				
Proof of National Accre	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA)				
Proof of National Accre	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [a] The Commission on Accreditation of				
Proof of National Accre	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [a] The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor;				
Proof of National Accre	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) (a) The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor; (b) The Council on Quality and Leadership in				
Proof of National Accre If applying to p	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [
Proof of National Accre If applying to p Graph Graph Agency must submit proof of accreditation by	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [
Proof of National Accre If applying to p Graph	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [
Proof of National Accre If applying to p Graph	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [a) The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor; [b) The Council on Quality and Leadership in Supports for People with Disabilities or its successor; [c) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its				
Proof of National Accre If applying to p Graph	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [a) The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor; [b) The Council on Quality and Leadership in Supports for People with Disabilities or its successor; [c) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor;				
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Proof of National Accre If applying to p Graph	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [a) The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor; [b) The Council on Quality and Leadership in Supports for People with Disabilities or its successor; [c) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor; [c] (d) The National Commission on Quality Assurance or its successor;				
Proof of National Accre If applying to p Grace	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [a) The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor; [b) The Council on Quality and Leadership in Supports for People with Disabilities or its successor; [c) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor; [d) The National Commission on Quality Assurance or its successor; [c) An independent national accreditation				
Proof of National Accre If applying to p Graph Graph Graph Grace Graph	Community-Based Sheltered Employment Supported Employment Follow-Along (SEFA) [a) The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor; [b) The Council on Quality and Leadership in Supports for People with Disabilities or its successor; [c) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor; [c) (d) The National Commission on Quality Assurance or its successor; [c) An independent national accreditation organization approved by the Secretary of FSSA.				
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Proof of Non-Profit Status			
Agency must submit proof of not-for- profit status if applying to provide any of the following services:		 ☐ Community-Based Sheltered Employment ☐ Pre-Vocational Services ☐ Supported Employment Follow-Along (SEFA) ☐ Community Habilitation and Participation ☐ Transportation ☐ Occupational Therapy 	
As per (IC 12-11-1.1-3) and BDDS Service Definitions		Speech Therapy Physical Therapy	

Criminal History, Org Chart, Management Experience "Cheat Sheet"

When an agency staff member or staff position is mentioned, write it on this chart, noting where it was mentioned in the proposal. This enables easy checks between the body of the proposal, the Organizational chart, the Criminal Histories, and the Managerial Abilities.

Name of staff Position	Criminal History	Organization Chart / Position Descriptions	Managerial Experience / Certifications
	No violations on State CH County CH CNA registry Cut of State Cut of County	☐☐ Position matches the org. chart ☐☐ Name matches the org. chart Job Description: ☐☐ includes major duties required ☐☐ includes responsibilities ☐☐ includes the name / title of the supervisor ☐☐ matches the org. chart	□□ Staff or Position is at Managerial level □□ Resume □□ Diploma/transcript (if the resume so reflects) □□ Certifications (if the resume so reflects) □□ Licensure (if the resume so reflects) □□ Managerial ability/experience: □□ History of involvement with DD Population
	No violations on State CH County CH CNA registry Out of State Out of County	☐☐ Position matches the org. chart ☐☐ Name matches the org. chart Job Description: ☐☐ includes major duties required ☐☐ includes responsibilities ☐☐ includes the name / title of the supervisor ☐☐ matches the org. chart	☐ Staff or Position is at Managerial level ☐ Resume ☐ Diploma/transcript (if the resume so reflects) ☐ Certifications (if the resume so reflects) ☐ Licensure (if the resume so reflects) ☐ Managerial ability/experience: ☐ History of involvement with DD Population
	No violations on State CH County CH CNA registry Cut of State Out of County	Position matches the org. chart Name matches the org. chart Job Description: includes major duties required includes responsibilities includes the name / title of the supervisor matches the org. chart	Staff or Position is at Managerial level Resume Diploma/transcript (if the resume so reflects) Certifications (if the resume so reflects) Licensure (if the resume so reflects) Managerial ability/experience: History of involvement with DD Population
	No violations on State CH County CH CNA registry Out of State Out of County	☐☐ Position matches the org. chart ☐☐ Name matches the org. chart Job Description: ☐☐ includes major duties required ☐☐ includes responsibilities ☐☐ includes the name / title of the supervisor ☐☐ matches the org. chart	☐ Staff or Position is at Managerial level ☐ Resume ☐ Diploma/transcript (if the resume so reflects) ☐ Certifications (if the resume so reflects) ☐ Licensure (if the resume so reflects) ☐ Managerial ability/experience: ☐ History of involvement with DD Population
	No violations on State CH County CH CNA registry Out of State Out of County	☐☐ Position matches the org. chart ☐☐ Name matches the org. chart Job Description: ☐☐ includes major duties required ☐☐ includes responsibilities ☐☐ includes the name / title of the supervisor ☐☐ matches the org. chart	☐ Staff or Position is at Managerial level ☐ Resume ☐ Diploma/transcript (if the resume so reflects) ☐ Certifications (if the resume so reflects) ☐ Licensure (if the resume so reflects) ☐ Managerial ability/experience: ☐ History of involvement with DD Population